

AIDS lecture October 13, 1987

Address

By

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Presented to Allstate Foundation Forum on Public Issues
Chicago, Illinois
October 13, 1987

It had been seven days since I'd addressed the WHO Japan Conference on AIDS in Tokyo.

This lecture is an overview for a varied audience and a non-scientific one. In as articulate and brief a fashion as I could, I reviewed the history of AIDS in the six years since we first ran into this strange disease, I described the discovery of anti-bodies, the blood test for AIDS on individuals, the success in making the blood supplies safe for transfusion, the heavy burden of AIDS on this country's medical and financial capital, but also upon our political and social capital. I spoke about specific history with numbers in Los Angeles, how things grew until 1991, the unlikelihood of a vaccine at any time in the near future, the worksite as an effective setting in which to provide AIDS education, the Surgeon General's Report in 1986. I then launched into the following:

- How AIDS is spread
- How AIDS is not spread
- Who is at risk – and how they can change their behavior
- Who is not at risk – and how they stay that way
- Why AIDS is not contagious at the worksite
- Why the stigma that accompanies the diagnosis leads to irrational and unfair behavior

From there I expanded on each of these to some extent.

This is the first time I spoke specifically to a group concerned about AIDS education at the worksite and it was also the first time I ever cited the tragic situation of the Ray Children in Florida – hemophilic children requiring blood and blood products to stay alive who contracted the virus in that way. They were denied school, ostracized, denied access to stores, barber, church and eventually their home destroyed by arsonists.

I covered the sexual aspects of this sexually transmitted disease, talking about homosexual and bisexual men, infants with AIDS, the difficulty of foster homes for such children because of the stigma of AIDS, the abandonment of such children by their

mothers, and the inter-sexual inter-generational chain of infection, which is not a new story.

In reference to the worksite, I suggested that Allstate needed to be fair and objective and not succumb to groundless hysteria and they needed to inform about AIDS and to encourage employees to exercise appropriate preventive measures. Other issues involved in establishing an effective AIDS education program in the workplace were these:

- What information is appropriate to disseminate?
- What are effective ways to convey this information?
- What community resources re available?
- Should there be a corporate policy on AIDS?

I harkened back to the Orange County Business Leadership Task Force on AIDS and Alcohol and Drug Abuse and the manual that they issued called “Facilitating AIDS Education in the Work Environment”. It is an excellent manual and should be reviewed by anyone thinking about worksite education.

An outline for what should be included in a company’s AIDS policy is at least the following:

- Treatment of AIDS should be within existing policy for illness.
- Employees with AIDS should be offered the opportunity to work as long s they can (bearing in mind certain risk for high-risk areas).
- AIDS patients should perform satisfactorily or be offered lesser responsibility.
- Encourage employees to be sensitive to the needs of a colleague with AIDS
- Employees should not be granted transfer requests inconsistent with other transfer policy because there are persons with AIDS at the worksite.
- Confidentiality of health records of persons who carry the virus, but are not ill must be maintained.
- Respect for the individual – consistent with the company’s experience must be stressed by management and subordinates.
- An educational program must be implemented.

I suggested case-management as a way to save money, because it was designed to customize care for individuals with catastrophic illness. No matter what we do, if we fail to get the AIDS prevention message across to our fellow managers and employees, we have failed.

Abandonment of children by their mothers
Abstinence
Case management
Cost of AIDS care
Difficulties in foster care because of AIDS stigma
Elements of an AIDS policy
Facilitating AIDS education in the work
environment

Fairness & objectivity at the worksite
Fatality statistics
Heterosexual transmission of AIDS
Homosexual & bisexual men
How one does not get AIDS
How one gets AIDS
Interpretation & misinterpretation of facts
about AIDS
Inter-sexual & inter-generational chain of infection
Mutually faithful monogamy
Naming of the virus
Obligation of a company to provide information on
AIDS
Prevalence of AIDS research
Prevalence in international system of
epidemiological reporting
Prevention of AIDS as a goal of worksite
information
Safety of blood for transfusion
Statistics about newborns with AIDS
Statistics on AIDS
Syphilis, gonorrhoea, herpes, chlamydia
Transmission of AIDS to infants

Orange County Business Leadership Task Force
Ray children
Surgeon General's Report on AIDS